fall, and this is exactly, in the majority of cases, what clinical experience has shown me is the case. Any one who compares a number of charts of cases in which such an antipyretic as quinia or nitrate of potash (in large doses) has been given, with those in which digitalis has been used, will at once be struck with the difference in their action—the marked dip in the one and sudden fall, with corresponding diminution of pulse-beats, the gradual decline of the other, with an equally slow reduction of the pulse."

The following are Dr. Jones's conclusions: "1. That in the treatment of fever, typhus and other forms, too much reliance has been placed on *alcoholic* stimulants, and that fashion, rather than reason, has swayed many in their *indiscriminate* employment.

"2. That the percentage of cases requiring such stimulants is a low one; and that while our administration of them, as regards quantity and kind, must depend entirely on the condition of the *patient*, still the utmost caution (with our present knowledge of their physiological action) is required.

"3. That in digitalis we have a powerful cardiac stimulant, which, while it gives force to the heart, does not do so at the expense of the system, but rather is a conservative agent, which controls expenditure and limits waste of vital action—always, of course, remembering that a large number of cases will recover without any specific treatment, save that care and guidance which provides for the wants of the system, and secures the patient from the risks of complications. That digitalis appears to be indicated in the early periods of many cases of typhus in which we have a rapid pulse and high temperature range, regulating our administration by its effects on both, using it, rather, with the object of guiding the patient up to a certain point, than of curing the disease."

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30. *Lavements of Cold Water in Typhoid Fever.*—Dr. FOLTZ, of Lyons, advocates lavements of cold water in typhoid fever. After numerous observations he concludes, that such lavements have both a local and a general action; the local action being an agreeable sensation of coolness, accompanied with intestinal contractions; and the general action producing slackening of the pulse rate and notable diminution of temperature, as well as calming the nervous system, decreasing thirst, exciting appetite, and increasing the secretions. This refreshing sedative and tonic action follows in all instances in which the temperature of the lavement is under 38° C. (100° F.), but is more intense and durable according to decrease of temperature and frequency of repetition. The therapeutic indications for such lavements are very numerous. Their local action renders them useful in abdominal affections, and their general action in febrile maladies. Both these actions render their use applicable in typhoid fever.—*Irish Hospital Gazette,* April 15, 1875, from *Lyon Médical.*

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31. *Treatment of Intestinal Hemorrhage in Typhoid Fever by Arterial Transfusion.*—Prof. MOSLER, of Griefswald, publishes a remarkable case, in which transfusion of blood into the radial artery of a woman dying from intestinal hemorrhage in typhoid fever proved immediately successful (*Berliner Klinische Wochenschrift,* May 17). The patient, who was thirty-seven years old, lost so much blood by the bowel that she lay for a whole night pulseless and unconscious. Professor Hütter performed the operation of transfusion, the blood being taken from the vein of a strong healthy man, and injected, after defibrination, into the radial artery. The hand and the arm immediately became red and fuller, and the cardiac impulse more distinct, and the pulse returned at the other wrist. Half an hour after, there was a most severe rigor, but this was successfully treated, and the patient recovered perfectly in due course. This is the fourth occasion on which transfusion is known to have been performed in the hemorrhage of typhoid fever; one only of the three previous cases was successful. Professor Mosler was careful to practise transfusion into an artery instead of a vein, in order to avoid the risk of distending the right ventricle, which was excessively weak, and might have been instantaneously paralyzed, as has been observed in at least one previous instance. He also insists upon the imperative necessity of employing the blood of man,

and not of animals, the latter having been abundantly proved by the observations and experiments of Landois to be highly dangerous.—*Med. Times and Gaz.*, May 29, 1875.

32. *Mumps—Metastasis to Testicles—successfully treated by Jaborandi.*—Dr. CZERNICKI reports (*Gazette Hebdom. de Méd. et de Chirurgie*, No. 14, 1875) a case of orchitis consequent on metastasis of mumps, which he successfully treated by the administration of jaborandi, thus utilizing the sialagogue properties of that plant to divert the metastasis by increasing the functional activity of the salivary glands.

Surgeon Major EMERY-DESBROUSSES records in the same journal (No. 18, April 30, 1875) an entirely similar case successfully treated by the same remedy.

33. *Ascites; Paracentesis; Recovery.*—Dr. W. ALLEN JAMIESON records (*Ed. Med. Journ.*, April, 1875) a case of ascites in which paracentesis was performed 133 times between April, 1870, and September, 1874. Since the last period there has been no accumulation of fluid, and the general health of the patient has been excellent.

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34. *Excessive and Long-maintained High Temperature after Injury to the Spine.*—Mr. J. W. TEALE communicated to the Clinical Society of London a unique case of this. The temperature ranged from 108° to 122° and upwards for a period of nearly nine weeks. The patient recovered. A full abstract of the report of this case is to be found in the July number of the *Monthly Abstract of Medical Science.*

35. *Transplantation of Bone.*—NUSSBAUM described a novel mode of transplantation of bone at a surgical conference at Munich, in which he discussed certain forms of non-union after fractures, with special reference to what is known as pseudarthrosis, and the treatment applicable under such conditions. If, after the loss of a considerable quantity of bone, the fragments are widely separated and possess only a ligamentous union, he suggests that a piece of bone be transplanted from one of the fragments to supply the deficiency, and he has accomplished this in one case with a successful result. This was in an officer who had sustained an extensive comminuted fracture of the ulna from a gunshot injury, which, after necrosis and separation of the small pieces, had healed, leaving a false joint with the ends of the fragments two inches apart, and united only by a slender ligamentous band. Although the radius was unbroken, there was considerable unnatural mobility and great impairment of the usefulness of the arm. In performing the operation the seat of fracture was first exposed, and then after removing the intervening fibrous band, a piece of bone two inches long and involving half the thickness of the ulna was separated from the upper fragment by means of the saw and chisel, so that it was left adhering only to the tip by means of a narrow bridge of periosteum; it was then brought down so as to occupy the interval between the fragments, sutures were placed in the wound, and the limb was supported in a plaster-of-Paris splint with a window. All went on well after the operation; the wound closed in the course of a few weeks after the separation of a minute sequestrum, which only amounted to about one-tenth of the transplanted portion. "The piece of bone which had been transplanted had united, and could be distinctly felt," and, after a while, "the firmness of the now uninterrupted ulna was clearly established." After six months the use of the arm had so far returned that the patient was pronounced fit for service. At the end of his communication the author discusses the various operations for rectifying angular union, and he recom-